

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.).

Policy No. 0740547-88 Company State Fund

☐ Certified copy is hereby furnished.

☒ Certified copy is filed with the county building inspection department.

Date 6-17-88 Applicant Edwards Dicken

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 416503 Lic. Class C-21

Contractor Edwards Dicken Date 6-17-88

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Edwards Dicken Date 6-17-88

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS		4776-78 E. Brooklyn Ave			
CITY	Matavilla	ZIP			
SIZE OF LOT	60x90	NO. OF BLDGS. NOW ON LOT	3		
TRACT	BLOCK	LOT NO.	165		
OWNER	CDC, Atho Co. PA.	TEL. NO.	7257400		
ADDRESS	1436 Goodrich Bl.				
CITY	Commerce Ca	ZIP	90022		
ARCHITECT OR ENGINEER	AJ. Sanders	TEL. NO.	7257400		
ADDRESS	1436 Goodrich Bl.				
CONTRACTOR	Edwards Dicken	TEL. NO.	9368324		
ADDRESS	5649 Clemson St.	LIC. NO.	416503		
CITY		LIC. CLASS	C-21		
SQ. FT. SIZE	810	NO. OF STORIES	1	NO. OF FAMILIES	
DESCRIPTION OF WORK	Demolish and remove from the site of sewer store				
USE OF EXISTING BLDG.	Store				
APPLICANT (PRINT)	Edwards Dicken	TEL. NO.	9368324		
ADDRESS	5649 Clemson St. LA 9006				
PRES. BUILDING ADDRESS					
LOCALITY					
MOVING CONTRACTOR	TEL. NO.				
ADDRESS					
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH	
FRONT P.L.					
SIDE P.L.					
P.C. Fee \$	Permit Fee		50.00		
Investigation Fee	Issuance Fee		10.50		
	Total Fee		60.50		
BUILDING ADDRESS		4776-78 E. Brooklyn			
LOCALITY		ELA			
NEAREST CROSS ST.		Mednick			
ASSESSOR MAP BOOK		PAGE	PARCEL		
USE ZONE	C-3	MAP NO.	3212		
SPECIAL CONDITIONS					
DISTRICT	6.0	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
				CH	EB
STATISTICAL CLASSIFICATION					APT. CONDO.
CLASS NO. 24					DWELL. UNITS
SEWER MAP					
BK. K PG. 41					
VALIDATION					
VALUATION					
\$					
\$					
FINAL DATE 7/5/88					
FINAL By					
SEWER 1+91.0 37' W 4' MH					
LDMA Ref. #					
LDMA P/C #					
LDMA Perm. #					

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

1

